



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LAFAYETTE REGIONAL REHABILITATION HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Kerry Davis

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Medicare Provider Number: 153042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15768126
Outpatient Patient Service Revenue	\$1061462
Total Gross Patient Service Revenue	\$16829588

2. Deductions From Revenue

Contractual Allowance	\$5271742
Other Deductions	\$0
Total Deductions	\$5271742

3. Total Operating Revenue

Net Patient Service Revenue	\$11557846
Other Operating Revenue	\$834053
Total Operating Revenue	\$12391899

4. Operating Expenses

Salaries and Wages	\$6536742	Employee Benefits	\$903439
Depreciation and Amortization	\$166896	Interest Expense	\$35080
Bad Debt	\$-109374	Other Expenses	\$5711432
Total Operating Expenses	\$13244215		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-852316	Total Assets	\$139174085
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$140026401

Total Net Gains	\$-852316
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$12749856	\$3260666	\$9489190
Medicaid	\$1310777	\$685616	\$625161
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$2768956	\$1325459	\$1443497
Total	\$16829589	\$5271741	\$11557848

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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